

<i>SERFF Tracking Number:</i>	<i>WESA-125897287</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#31462 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-RP-08-51</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Recruiters Professional Liability Product</i>		
<i>Project Name/Number:</i>	<i>Recruiters Professional Liability New Endorsement Submission/PROF-RP-08-51</i>		

## Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Recruiters Professional Liability SERFF Tr Num: WESA-125897287 State: Arkansas

Product

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: #31462 \$50

Sub-TOI: 17.0019 Professional Errors &

Co Tr Num: PROF-RP-08-51

State Status: Fees verified and received

Omissions Liability

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Westmont Associates

Disposition Date: 11/26/2008

Date Submitted: 11/11/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Recruiters Professional Liability New Endorsement Submission

Status of Filing in Domicile: Pending

Project Number: PROF-RP-08-51

Domicile Status Comments: This filing was recently submitted in Pennsylvania.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 11/26/2008

State Status Changed: 11/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Recruiters Professional Liability New Endorsement Submission

SERFF Tracking Number: WESA-125897287 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #31462 \$50

Company Tracking Number: PROF-RP-08-51

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Recruiters Professional Liability Product

Project Name/Number: Recruiters Professional Liability New Endorsement Submission/PROF-RP-08-51

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Jennifer Waldron, Supervisor jenb@westmontlaw.com  
 25 Chestnut Street (856) 216-0220 [Phone]  
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

### Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania  
 25 Chestnut Street Group Code: 31 Company Type: Property and Casualty

Suite 105  
 Haddonfield, NJ 08033 Group Name: State ID Number:  
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Standard Filing Fee for 1 Form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	11/11/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
31462	\$50.00	11/11/2008

*SERFF Tracking Number:*      *WESA-125897287*      *State:*      *Arkansas*  
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*Company Tracking Number:*      *PROF-RP-08-51*  
*TOI:*      *17.0 Other Liability-Occ/Claims Made*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Recruiters Professional Liability Product*  
*Project Name/Number:*      *Recruiters Professional Liability New Endorsement Submission/PROF-RP-08-51*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	11/26/2008	11/26/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125897287</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 11/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>WESA-125897287</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Form</b>	Franchise Exclusion	Approved	Yes

*SERFF Tracking Number:*      *WESA-125897287*      *State:*      *Arkansas*  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Franchise Exclusion	RP-233	08/08	Endorsement/Amendment/Conditions		0.00	RP-233 _08-08_.pdf

**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

**RECRUITERS PROFESSIONAL LIABILITY INSURANCE POLICY**

**FRANCHISE EXCLUSION**

It is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Defense Costs** based upon, arising out of, directly or indirectly resulting from, or in consequence of any **Claim** in the form of a class action law suit, whether certified or not, asserted or filed against any **Insured**.

Furthermore, it is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Defense Costs** in connection with any **Claim**:

- 1) brought by any **Franchisor** or any other franchisee thereof against any **Insured**.
- 2) brought against any **Insured** based in whole or in part on the acts or omissions of a **Franchisor** or any other franchisee(s) thereof.

For purposes of this endorsement:

“**Franchisor**” means the person or entity under whose franchise agreement the **Insured** provides **Professional Services**.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

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## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number: WESA-125897287 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #31462 \$50  
Company Tracking Number: PROF-RP-08-51  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Recruiters Professional Liability Product  
Project Name/Number: Recruiters Professional Liability New Endorsement Submission/PROF-RP-08-51

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/26/2008  
**Comments:**  
**Attachment:**  
AR NAIC.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 11/26/2008  
**Comments:**  
Attached is the Letter of Authorization  
**Attachment:**  
Westmont Authorization Letter.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 11/26/2008  
**Comments:**  
Attached is the cover letter for this submission.  
**Attachment:**  
Cover Letter (USLI).pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="height: 380px;"></div> <p><b>Check #:</b> <b>Amount:</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	



# UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391  
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313  
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334  
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller  
State Filings Manager  
United States Liability Insurance Group  
190 South Warner Road  
Wayne, PA 19087-2191

1.888.523.5545 X586  
Fax: 610.688.4391  
mmiller@usli.com



# WESTMONT ASSOCIATES, INC.

November 11, 2008

Commissioner of Insurance  
Department of Insurance  
Property and Casualty Division  
Form Review Section

Attn: Property and Casualty Division

Re: **United States Liability Insurance Company/NAIC#25895  
Recruiters Professional Liability Product  
Form Addendum Submission – New Endorsement  
Company Filing Number: PROF-RP-08-51  
Effective Date: Upon earliest possible approval**

To Whom It May Concern:

Enclosed you will find the Company's Recruiter Professional Liability Product form addendum submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Please find enclosed the following endorsement for your review and approval:

➤ RP-233 (08-08) – Franchise Exclusion

This new form clarifies the Company's intent of coverage. There is no rating impact on any insured in your jurisdiction.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention regarding this matter.

Respectfully Submitted,

***Jennifer Waldron***

Jennifer Waldron  
Supervisor  
[jenb@westmontlaw.com](mailto:jenb@westmontlaw.com)

Enclosures

Cc: M. Miller